

**COUNTY OF SAN LUIS OBISPO BOARD OF SUPERVISORS
AGENDA ITEM TRANSMITTAL**

(1) DEPARTMENT Behavioral Health	(2) MEETING DATE 8/11/2015	(3) CONTACT/PHONE Cindy Collins, Administrative Services Manager 788-2932 Raven Lopez, Accountant III 781-4783	
(4) SUBJECT Request to approve: 1) a FY 2015-16 renewal contract with the option to renew for two additional years with Transitions Mental Health Association in an amount not to exceed \$4,609,236 to provide mental health services, and 2) a resolution amending the Position Allocation List to delete 2.0 FTE vacant Mental Health Therapist IV's from Fund Center 166 – Behavioral Health. All Districts.			
(5) RECOMMENDED ACTION It is recommended that the Board approve: 1) a FY 2015-16 renewal contract with the option to renew for two additional years with Transitions Mental Health Association in an amount not to exceed \$4,609,236 to provide mental health services and 2) a resolution amending the Position Allocation List to delete 2.0 FTE vacant Mental Health Therapist IV's from Fund Center 166 – Behavioral Health. All Districts.			
(6) FUNDING SOURCE(S) Mental Health Services Act, Medi-Cal Revenue, Private Insurance, General Fund	(7) CURRENT YEAR FINANCIAL IMPACT \$4,609,236.00	(8) ANNUAL FINANCIAL IMPACT \$4,609,236.00	(9) BUDGETED? Yes
(10) AGENDA PLACEMENT <input checked="" type="checkbox"/> Consent <input type="checkbox"/> Presentation <input type="checkbox"/> Hearing (Time Est. ____) <input type="checkbox"/> Board Business (Time Est. ____)			
(11) EXECUTED DOCUMENTS <input checked="" type="checkbox"/> Resolutions <input checked="" type="checkbox"/> Contracts <input type="checkbox"/> Ordinances <input type="checkbox"/> N/A			
(12) OUTLINE AGREEMENT REQUISITION NUMBER (OAR) 19001583		(13) BUDGET ADJUSTMENT REQUIRED? BAR ID Number: N/A <input type="checkbox"/> 4/5 Vote Required <input type="checkbox"/> N/A	
(14) LOCATION MAP N/A	(15) BUSINESS IMPACT STATEMENT? No	(16) AGENDA ITEM HISTORY <input type="checkbox"/> N/A Date: <u>8/12/14</u>	
(17) ADMINISTRATIVE OFFICE REVIEW Leslie Brown			
(18) SUPERVISOR DISTRICT(S) All Districts			

County of San Luis Obispo



TO: Board of Supervisors

FROM: Jeff Hamm, Health Agency Director
Anne Robin, L.M.F.T., Behavioral Health Administrator

DATE: 8/11/2015

SUBJECT: Request to approve: 1) a FY 2015-16 renewal contract with the option to renew for two additional years with Transitions Mental Health Association in an amount not to exceed \$4,609,236 to provide mental health services, and 2) a resolution amending the Position Allocation List to delete 2.0 FTE vacant Mental Health Therapist IV's from Fund Center 166 – Behavioral Health. All Districts.

RECOMMENDATION

It is recommended that the Board approve:

- 1) a FY 2015-16 renewal contract with the option to renew for two additional years with Transitions Mental Health Association in an amount not to exceed \$4,609,236 to provide mental health services and
- 2) a resolution amending the Position Allocation List to delete 2.0 FTE vacant Mental Health Therapist IV's from Fund Center 166 – Behavioral Health. All Districts.

DISCUSSION

The Behavioral Health Department contracts with various mental health service providers to provide mental health treatment and support, in addition to providing expanded services that reach underserved populations, as directed by the Mental Health Services Act (MHSA). Transitions Mental Health Association (TMHA) is specially trained and competent to provide these services and has partnered with the County for over 26 years. The request before the Board of Supervisors is to approve the renewal contract with TMHA with the option to renew for two additional years, as well as approve an associated resolution amending the Position Allocation List for FC 166 – Behavioral Health (detailed under #18 below). Exhibit C. 4. allows for the option to renew this agreement for two successive one year terms. By approval of this contract, the Board is delegating authority to the Health Agency Director to determine whether to renew this contract without additional approval by your Board. Renewal of this agreement must be done in writing, approved by County Counsel, and be consistent with the limits described in Section 30 of Exhibit D.

The traditional mental health programs and outcomes provided by TMHA are as follows:

1. Adult Transitional Program - TMHA provides a 24-hour staffed State licensed 12-bed Transitional Residential Treatment Program located in San Luis Obispo County serving adults with mental illness. The facility provides 24-hour care and supervision in a residential setting to assist clients in stabilizing symptoms of mental illness outside of the hospital setting. TMHA provides a therapeutic environment in which clients are supported in their efforts to acquire and apply interpersonal and independent living skills. The program also assists the client in developing a personal community support system to substitute for the program's supportive environment and to minimize the risk of hospitalization and enhance the capability for independent living upon discharge from the program. Any rent collected will reduce the cost to the County. TMHA staffing for the program consists of 1.0 FTE Program Manager, 1.0 FTE, Assistant Program Manager, and 4.0 FTE Adult Residential Counselors.

2. Community Housing – TMHA provides 40 beds of semi-independent living environments in community residences throughout the county for adults with mental illness. The program provides stable and affordable housing with supports to assist clients in managing chronic symptoms of illness, decreasing psychiatric hospitalizations, reducing the need for crisis services, and developing problem solving skills related to daily living, housing, and employment. This program also encourages development of community support systems to decrease reliance on institutional alternatives. Intensive mental health support services are also provided through the residential case management services program described below. Any rent collected will reduce the cost to the County. TMHA staffing for the program consists of .50 FTE Program Manager, .50 FTE Housing Assistant, and a .20 Supply Delivery Worker/Driver.
3. Residential Case Management Services – These services are provided in conjunction with the 40 bed Community Housing Program referenced above, in addition to three clients who live independently (43 total). The services consist of interventions designed to provide stabilization of mental illness, decrease in psychiatric hospitalizations, and restoration/maintenance of functioning consistent with the requirements for learning, independent living, and enhanced self-sufficiency. TMHA staffing for the program consists of .50 FTE Program Manager and 2.0 FTE Residential Case Managers.
4. Vocational Rehabilitation Services – Paid employment is considered one of the most important goals to many behavioral health clients. Vocational training has long been shown to build self-esteem, increase treatment compliance, and reduce symptoms. This service is designed to provide vocational training, support, and experience at a wholesale farm and nursery to County Behavioral Health clients. The services include entry level gardening groups that serve as engagement points and preliminary vocational skill building for mental health consumers. The goal for all participants is to develop the skills necessary to move to a more independent work setting within the community. Vocational Rehabilitation Services begin with volunteer employment at the Growing Grounds Farm. Clients may be offered paid employment based on their program performance as a volunteer. Clients are encouraged to utilize community employment activities, including the Supported Employment Program and SLO Wellness Center services. TMHA staffing for the program consists of a 1.0 FTE Program Manager, 1.0 FTE Assistant Manager, 1.0 FTE Nursery Assistant/Driver, 1.0 FTE Nursery Coordinator, .75 FTE Rehabilitation Supervisor, and a .25 FTE Salesperson.
5. Social Rehabilitation Services – TMHA operates three Wellness Centers designed to provide life enrichment and social skill development for individuals who may otherwise remain withdrawn and isolated. The services provided to individuals are person-centered and recovery based designed for life enrichment and personal development. Services offered include peer support, access to community resources, recovery education, social skill development, and social rehabilitation workshops. Services provided by the San Luis Obispo and Arroyo Grande Wellness Center are gauged for multiple age groups, and various cultures with focus upon recovery, independence, wellness, and empowerment. These services are available both to individuals who currently receive Behavioral Health Department services, as well as other members of the community who want to participate in the programs. TMHA staffing for the program consists of a .50 FTE Program Manager, 2.0 FTE Supervisor, 1.75 FTE Assistant Supervisor, and .50 FTE Center support Aide.
6. Youth Treatment Program – TMHA provides a nine-bed, 24-hour staffed, State licensed residential facility serving youth ages 11-18 in San Luis Obispo County. The facility provides family, individual and group therapy, training in independent living skills, ongoing assessment, recreational and cultural activities, coordination of medical care, and educational planning and support. The focus is on moving clients to a less restrictive environment and/or family reunification and amelioration of mental and behavioral symptoms which interfere with the client's functioning at home and in the school. TMHA staffing for the program consists of a 1.0 FTE Program Manager, 2.0 FTE Assistant Manager, 1.50 FTE Therapist, and 7.0 FTE Residential Youth Counselor.
7. Medi-Cal Outreach & Enrollment (Grant Funded) – The Department was awarded a second year in this grant (July 1, 2015 – June 30, 2016). The goal for the new grant period is to provide re-enrollment assistance to high-risk Medi-Cal eligible community members and engage high-risk behavioral health populations in Medi-Cal retention. Medi-Cal enrollment will allow access to behavioral health care for potentially thousands of local citizens in need. TMHA will provide a Certified Enrollment Counselor in various parts of the county to perform outreach and assist clients in Medi-Cal re-enrollment during the grant period. TMHA staffing for the program consist of a .50 FTE Enrollment Counselor.
8. Projects for Assistance in Transition from Homelessness (Grant Funded) – This grant funded program provides support to individuals with serious mental illness, as well as individuals with co-occurring substance use disorders, who are homeless or at risk of becoming homeless. The goal is to connect individuals to mental health and other

supportive services to assist in the elimination of homelessness for this population. The program provides a .75 FTE Outreach Worker that will perform outreach services to adults who are homeless or at risk of becoming homeless and partner with support programs that will provide social atmospheres where clients can share food, stories, services, and successes with each other.

All MHSA Programs were adopted by the Board on July 14, 2015 as part of the [Mental Health Services Act Annual Update and Three Year Program and Expenditure Plan](#). The MHSA programs geared to reach the underserved and/or unserved are as follows:

Community Support and Services Component (CSS):

9. Client and Family Partners – TMHA provides system navigation supports and advocacy for clients and family members, and provide links to resources. Often, consumers new to the system, or those having difficulty managing the requirements of treatment, will benefit from assistance in navigating the complex array of services for consumers and their loved ones. The Client and Family Partners provide support, education, information and referral, and community outreach for clients and families. The goal is to increase client and family knowledge of the services available and how they can access them. Clients and family members who are aware of services are more likely to utilize them, thereby increasing treatment and recovery outcomes. TMHA staffing for the program consists of a 1.0 FTE Bilingual Program Manager, .50 FTE Bilingual Advocate, .50 FTE Family Advocate, and a 1.50 FTE Family Partner.
10. Family Education Program – TMHA provides family support and mental health education programs for family members of individuals with mental illnesses. Trained family members who are volunteers will provide education and support utilizing the 12 week NAMI *Family to Family* formatted lecture and interactive class or two 6-hour TMHA Family Orientation Class. The *Family to Family* class is also provided in Spanish, reaching a population in the County which has been traditionally underserved. All instruction and course materials are charged to the program and are free for class participants. Stigma reduction is a key community outcome which leads to increased access and improved care. This course measures whether family members gain a better understanding of how to support their loved one with a mental illness, thereby reducing the stigma.
11. Peer Support and Education Program – TMHA provides peer support and mental health education programs that provides mental health consumers with opportunities to develop and maintain wellness, leadership, and self-advocacy skills. Mental health consumers educate and mentor peers utilizing the 10 week NAMI formatted lecture and interactive class, *Peer to Peer*, or an 8 week Wellness and Recovery Action Plan (WRAP) class. Consumers and community members also receive training to provide Mental Health First Aid, a public education program that helps people identify, understand, and respond to signs of mental illnesses, substance use disorders, and suicidal ideation. TMHA staffing for the program consists of a .50 FTE Education Coordinator.
12. Vocational Training and Supported Employment – TMHA assists clients in gaining competitive employment within the community by providing them with vocational counseling and assessment, work adjustment, job preparation and interview skills training, job development and coaching, transitional employment opportunities, and basic job skills training. TMHA staffing for the program consists of a 1.0 FTE Program Manager, 1.0 FTE Vocational Specialist, 1.0 FTE Job Developer, and a 1.0 FTE Job Coach.
13. Growing Grounds Retail Vocational Program – This is a vocational training site that offers job coaching, assessment, vocational support and work experience in a retail outlet in San Luis Obispo. Revenues received from the sales of store products are used to partially offset the salary costs and the operating expense of the program. Vocational training services will work in conjunction with the Growing Grounds Farm and Supported Employment Programs. TMHA staffing for the program consists of a .50 FTE Coordinator and 1.0 FTE Retail Clerk.
14. North County Wellness Center – MHSA funds will be used to fund the Atascadero Wellness Center, “Life House”. The services provided to individuals are person-centered and recovery based designed for life enrichment and personal development. Services offered include peer support, access to community resources, recovery education, social skill development, and social rehabilitation workshops. Services provided by the Wellness Centers are gauged for multiple age groups and various cultures with focus upon recovery, independence, wellness, and empowerment. TMHA staffing for the program consists of a .50 FTE Program Manager, 1.0 FTE Supervisor, .75 FTE Assistant Supervisor, and .50 FTE Center Support Aide.

15. San Luis Obispo Hotline Services –TMHA provides a 24-hour, free and confidential call center serving the entire County of San Luis Obispo. The SLO Hotline is an accredited crisis center, as evaluated by the American Association of Suicidology, which establishes and monitors the criteria for crisis lines in the U.S. TMHA will recruit, train, and supervise community volunteers to provide mental health referral, information, support, stigma reduction, and crisis and/or suicide intervention. Contractor will also utilize the 24/7 hotline phone number to direct general messaging to the County for the SLOtheStigma media campaign, as well as provide support to callers who reach Behavioral Health's 24/7 Central Access Line after regular business hours and elect to speak with a person. TMHA staffing for the program consists of a .50 FTE Program Coordinator and 1.0 FTE Call Center Assistant.
16. Behavioral Health Treatment Court (BHTC) – TMHA provides one Personal Services_Specialist (PSS) to serve the BHTC team serving 30 adult offenders who suffer from severe mental illness and co-occurring substance abuse disorders. The PSS provides intensive case management services and will assist the client with family/social interactions, managing the symptoms of mental illness and stress, crisis care, dress/grooming/hygiene, budgeting, as well as providing housing and vocational services, and other supports. TMHA staffing for the program consists of 1.0 FTE Personal Services Specialist.
17. Forensic Re-entry Service (FRS) – TMHA provides two PSS to serve the FRS team for 150 adult offenders who suffer from mental illness and co-occurring substance abuse disorders. The PSS is responsible for providing a 'bridge' for individuals leaving the jail in the form of assessment and referral to all appropriate health and community services and supports in addition to client engagement and short-term case management during this transition. TMHA staffing for the program consists of 1.0 FTE Personal Services Specialist.
18. Adult Full Service Partnership (FSP) – In FY 2014-15, Behavioral Health staff recommended to the MHSA stakeholder group that a Request for Proposal (RFP) process be administered for several of the CSS programs to test the market, including all FSP programs. TMHA was again selected to PSS for the Adult FSP program, as well as providing therapy services for the program. Prior to FY 2015-16, TMHA provided only PSS services, and the Department provided therapy and medication management services to the clients. Beginning in FY 2015-16, TMHA will provide both PSS services and therapy services for clients enrolled in the FSP program. The Department will continue to provide the medication management for the clients.

As a result of the change in services provided, the Department is requesting to delete 2.0 FTE Mental Health Therapist IV's from FC 166 – Behavioral Health's Position Allocation List. County staff in those positions will be moved into the newly added Mental Health Therapist positions within the Department's Mental Health Core programs.

TMHA provides 2.0 FTE Personal Services Specialists, 2.0 FTE Clinical Therapists, 1.0 FTE Program Mentor, .70 FTE Program Manager, and 1.0 FTE Assistant Manager to serve two AFSP teams serving 35 adult clients with serious mental illness who are at risk of institutional care. Services are defined as "whatever it takes" and are available "24/7". Services range from therapy and case management to crisis care, individual rehabilitation activities, and transportation.

19. Homeless Full Service Partnership – TMHA will provide outreach, housing assistance, case management, and health screenings and checkups to the most underserved, difficult-to-reach population of homeless adults and engage clients in health care, mental health treatment, and housing. The focus of TMHA's participation in the program is on outreach, engagement, and case management services with stability and housing being amongst improved client outcomes. TMHA staffing for the program consists of 1.50 FTE Outreach Worker, .50 FTE Program Assistant, 1.0 FTE Residential Case manager, .30 Program Manager, and a .50 FTE Nurse.

This is an integrated program that includes TMHA and Department staff working as a team to assist the target population. TMHA's outreach and engagement objective is to move clients identified with behavioral health needs to appropriate levels of care.

20. Adult Full Services Partnership Intensive Residential Housing – TMHA provides supported housing with Intensive Residential Case Management services for adults with mental illness and operates in conjunction with Adult Full Service Partnership Team services (16 beds in Atascadero/17 beds in San Luis Obispo).The program goal is to maintain clients in current level of housing and/or to move them into more independent living. Intensive Residential Services is independent living with external supports and includes evening and weekend (40 hours/week) case

management coverage. TMHA will also provide overall property management duties and conduct all daily business operations of the FSP program's residential facilities and coordinate facility repairs and maintenance, referrals to housing, program paperwork, rent and security deposit collections, and client intake meetings. Any rent collected will reduce the cost to the County. TMHA staffing for the program consists of 1.50 FTE Independent Living Skills Specialist, .10 FTE Program Manager, and 1.0 FTE Property Manager.

21. Adult Full Services Partnership Intensive Residential Case Management Services – TMHA provides intensive case management services to the clients housed in the eight unit Nipomo Street Studios, as well as the clients in the AFSP Intensive Residential Housing, described above. TMHA staff assists clients in developing problem solving skills related to daily living, housing, managing chronic symptoms of illness, and decreasing psychiatric hospitalizations. Case management activities will also include training residents to cook, clean, and manage other independent living skills, as well as conflict resolution, budgeting, socialization, and community integration. Staff encourages development of community support systems to decrease reliance on institutional alternatives. TMHA staffing for the program consists of 1.50 FTE Independent Living Skills Specialist, .10 FTE Program Manager, and 1.0 FTE Property Manager.
22. Service Enhancement Program – Prior to FY 2015-16, this program was under MHSA's Innovation component and was set to end at the end of FY 2014-15. MHSA stakeholders recommended that the program be moved into the Community Services and Supports component of MHSA so it could be sustained. TMHA provides a 1.0 FTE Support staff person to work alongside a Behavioral Health employee. Behavioral Health staff and TMHA staff will help clients, their families, and caregivers navigate through the first steps of receiving services, help assess needs and engage services for basic necessities within the North County, City of San Luis Obispo, and South County Mental Health clinic setting.

This is an integrated project that includes TMHA and Behavioral Health staff working as a team to assist the target population noted above. Often, consumers new to the system, or those having difficulty managing the requirements of treatment, will benefit from assistance in navigating the complex array of services for consumers and their loved ones. The support position will be an individual (consumer or family member) who has experience with mental health services, providing empathy, and understanding of the circumstances facing clients. Clients and family members who are aware of services are more likely to utilize them, thereby increasing treatment and recovery outcomes. Support staff are co-located with County staff and work as a team, providing feedback regarding accessibility of services, engagement tactics, and specific client issues.

Workforce Education and Training (WET) Component:

23. Peer Advisory and Advocacy Team – A consumer advisory council of mental health stakeholders supports an integrated system that reflects the principles of hope and choice, promotes a recovery environment, encourages education, honors each individual's spiritual pathway, and embraces self-awareness and compassion for others. TMHA staffing for the program consists of a .40 FTE Coordinator.

Prevention and Early Intervention (PEI) Component:

24. Social Marketing Strategy for Community Outreach and Engagement – This effort is to provide interpersonal outreach regarding mental health awareness, education and stigma reduction for underserved and at-risk populations including, when appropriate, one-to-one personal contact that includes information dissemination, referrals, and screening and support resources. Mental health education training will be provided to target group support systems, and events open to the general public within the County will be organized to help increase mental health awareness while reducing stigma. Stigma reduction is a key community outcome which leads to increased access and improved care. TMHA staffing for the program consists of .40 FTE Community Outreach Worker (Consumer Staff), .75 FTE Outreach Coordinator, and .18 FTE Education Coordinator.
25. Integrated Community Wellness Advocates – TMHA provides Advocates to deliver early intervention system navigation services for individuals referred by other PEI programs. These services will include, but are not limited to: providing assistance and referral towards securing basic needs such as food, clothing, housing, health care, and transportation; accessing mental health treatment, substance use treatment, and other social services; employment assistance, navigating the legal system and courts, aid and relief, and educational services such as parenting training. The Advocates will help minimize stress, support wellness and resilience, and increase an individual's ability to follow

through on referrals and care. Meeting basic daily life needs removes barriers to work and life success, and reduces stressors linked to behavioral problems, violence, substance abuse, and suicide. TMHA staffing for the program consists of 1.0 FTE Family Advocate, .75 FTE Consumer Advocate, and 1.0 FTE Family Partner.

OTHER AGENCY INVOLVEMENT/IMPACT

County Counsel has approved the contract as to form and legal effect. The contract was also coordinated with Public Health. The MHSA stakeholder group has approved the additional costs associated with this contract.

FINANCIAL CONSIDERATIONS

The FY 2015-16 Behavioral Health Adopted Budget includes a total appropriation of \$4,609,236 for services provided by TMHA, of which \$1,606,998 is allocated for traditional mental health programs and \$3,002,238 is allocated for MHSA programs. This is an overall increase of \$365,418 from the prior year and is a result of the new FSP services now provided and an overall contract increase. TMHA was allowed to increase their contract amount by 2.2% for FY 2015-16 based on the State CPI for L.A. County, as it had been several years since a contract increase was allowed.

The traditional mental health programs are funded by (total \$1,606,998):

- Medi-Cal /Realignment 2011: \$320,390
- Tobacco Settlement funds: \$269,803
- Grant Revenue (FC 160 – Public Health): \$29,000
- General Fund: \$987,805

The MHSA programs are funded by (total \$3,002,238):

- Medi-Cal /Realignment 2011: \$487,398
- Grant Revenue: \$48,491
- Mental Health Services Act Trust funds: \$2,466,349

The tables below depict the traditional and MHSA component actual and budgeted program costs:

Traditional Mental Health Programs			
Program	2013-14 Actual	2014-15 Estimated	2015-16 Budgeted
Adult Transitional Program	\$ 406,572	\$ 406,572	\$ 415,469
Community Housing	\$ 236,577	\$ 236,577	\$ 242,402
Residential Case Management Services	\$ 159,938	\$ 154,937	\$ 162,461
Vocational Rehabilitation Services	\$ 214,804	\$ 214,804	\$ 215,426
Social Rehabilitation Services	\$ 479,994	\$ 415,473	\$ 427,518
Youth Treatment Program	\$ 90,259	\$ 90,259	\$ 114,722
Medi-Cal Outreach & Enrollment Grant (FC 160 - Public Health)	\$ -	\$ 28,175	\$ 29,000
Total	\$1,588,144	\$1,546,797	\$1,606,998

MHSA Programs

Program	2013-14 Actual	2014-15 Estimated	2015-16 Budgeted
Client and Family Partners	\$ 273,826	\$ 299,326	\$ 315,494
Family Education Program	\$ 15,700	\$ 15,700	\$ 15,750
Peer Support and Education Program	\$ 30,000	\$ 30,000	\$ 30,000
Vocational/Supported Employment	\$ 197,703	\$ 197,703	\$ 203,472
Growing Grounds Retail Vocational Program	\$ 55,000	\$ 55,000	\$ 57,033
Wellness Centers	\$ 171,450	\$ 163,450	\$ 175,486
SLO Hotline - Suicide Prevention and Crisis Intervention	\$ 105,000	\$ 111,000	\$ 110,785
Behavioral Health Treatment Court	\$ 78,092	\$ 79,292	\$ 82,603
Forensic Re-entry Service	\$ 80,487	\$ 102,987	\$ 152,925
Adult Full Service Partnership	\$ 324,444	\$ 324,444	\$ 591,534
Older Adult Full Service Partnership	\$ 70,401	\$ 76,401	\$ -
FSP Homeless Team	\$ 269,515	\$ 269,515	\$ 330,515
Adult FSP Intensive Residential Housing	\$ 334,689	\$ 334,689	\$ 337,364
Adult FSP Intensive Residential Case Management	\$ 153,538	\$ 173,538	\$ 178,042
Service Enhancement Program	\$ 36,000	\$ 31,000	\$ 65,000
Peer Advisory and Advocacy Team	\$ 25,000	\$ 25,000	\$ 25,000
Social Marketing Strategy -Community Outreach & Engagement	\$ 102,744	\$ 102,744	\$ 102,744
Integrated Community Wellness Advocates	\$ 180,000	\$ 180,000	\$ 180,000
System Empowerment for Consumers, Families, and Providers	\$ 40,000	\$ 2,500	\$ -
Projects for Assistance in Transition for Homelessness Grant*	\$ -	\$ 18,392	\$ 48,491
Total	\$2,543,589	\$2,592,681	\$3,002,238

*Grant started in December 2014

RESULTS

In an effort to capture and measure more meaningful data, there were several changes made to the performance outcomes for each program in FY 2015-16 and are noted in the tables below. Each program is assigned objectives, outcome goals, and key indicators in collaboration with the contractor, Behavioral Health staff and, often, stakeholder input. Measures are put in place according to target populations, chosen strategies, and resources necessary to collect and analyze the data. Behavioral Health operations and administrative staff often triangulate various data points to assess whether indicators are leading to the desired outcomes.

TMHA provides the County with quarterly data reports which give results of surveys, output counts, and anecdotal evidence and are measured against budgeted targets for each program. Data tools may include consumer self-reports, pre/post testing, and tools designed for specific engagements. Quarterly meetings with the contractor include review of data instruments and collection methods to ensure continual improvements in performance and quality. Program targets are set at a minimum acceptable level, as negotiated with the contractor, with the overall purpose of providing the best possible service to our clients. In all cases, the objective is to strive for outcomes which promote the County's goal of a safe, healthy, and livable community.

1. Adult Transitional Program - The Adult Transitional Program measures vacancy rates to assess cost effectiveness as well as compliance with program goals. The vacancy rate for the year is expected to be no more than 15%. Additionally, the program measures those discharged to lower levels of care in order to promote wellness and recovery, as well as reduce the high costs of institutional, restrictive care. The number of clients who were successfully stabilized and discharged to a less restrictive environment is indicated next to the percent in the table below. "Number of residential units", also known as a bed/day, is defined as the number of days someone occupied a bed at the facility.

Adult Transitional Program			
Year	2013-14 Actual	2014-15 Estimate	2015-16 Budgeted
Cost	\$ 406,572	\$ 406,572	\$ 415,469
Number of residential units (bed/day)	3,812	3,995	3,723
Average occupancy rate	87%	91%	85%
Percent of clients that were successfully stabilized and discharged to a less restrictive/structured environment in the community within 12 months	78% (14/18)	100% (17/17)	85%
Average occupancy rate	87%	91%	85%
Clients will report the use of learned applicable interpersonal skills, such as verbal communication, listening skills, problem solving, and decision making skills among others, to deal with stress-related triggers by a minimum increase of 30%	N/A	N/A	30%
Clients will demonstrate the use of a community support system by a minimum increase of 30%	N/A	N/A	30%
A minimum of 30% of clients admitted into ATP will have been homeless at least within 30 days prior to admission	N/A	N/A	30%
<i>FY 2015-16 New measures added</i>			

2. Community Housing – The Community Housing Program measures the diversion from higher level placements because it demonstrates how the contractor is moving consumers towards wellness and recovery, while reducing costs and impact on limited resources for long-term care. During FY 14-15, TMHA reported that of the seven clients that were discharged from the program, two went into independent housing, three went into independent supported housing, one went into a sober living facility, and one moved in with family. The percent of clients diverted to lower levels of care may vary year to year based on individual acuity.

The vacancy rate for the year is expected to be no more than 8%. The number of clients surveyed is indicated next to the percent in the table below. “Number of bed/days” is defined as the number of days someone occupied a bed at the facility.

Community Housing Program			
Year	2013-14 Actual	2014-15 Estimate	2015-16 Budgeted
Cost	\$ 236,577	\$ 236,577	\$ 242,402
Number of bed/days	14,531	14,415	\$ 13,432
Average occupancy rate	99.50%	99%	92%
Percent of clients that were diverted from higher level placements while enrolled in the program	94% (46/49)	100% (44/44)	90%
Clients will demonstrate the use of Adult Daily Living (ADL) skills for independent living and development of community support systems by a minimum increase of 30%	N/A	N/A	30%
A minimum of 30% of clients admitted into Community Housing will have been homeless within 12 months prior to admission.	N/A	N/A	30%
<i>FY 2015-16 New measures added</i>			

3. Residential Case Management Services - The table below displays the number of clients surveyed as indicated next to the percentage value for the Residential Case Management Services Program. “Service Minutes” is defined as the number of Medi-Cal billable services entered in to the County’s Behavioral Health Electronic Health Record. A client’s housing situation can improve by a combination of long-term housing and treatment. Research indicates that stable housing reduces substance use and psychiatric symptoms, and improves vocational, educational, and other community integration outcomes.

Residential Case Management			
Year	2013-14 Actual	2014-15 Estimate	2015-16 Budgeted
Cost	\$ 159,938	\$ 154,937	\$ 162,461
Service Minutes	112,414	74,982	100,000
Clients Served	52	52	43
Percent of clients that were deferred from higher level placements	94% (49/52)	100% (51/51)	90%
Percent of clients surveyed that reported improved functioning with their daily problems	97% (36/37)	89% (57/64)	N/A
Percent of clients surveyed that reported they can better deal with a crisis	91% (34/37)	87% (53/61)	N/A
Clients will demonstrate community participation through learned activities, such as enhanced self-sufficiency, life skill training, and medication management among others by a minimum increase of 30%	N/A	N/A	30%
Clients will demonstrate the use of coping skills to help them better manage their mental health symptoms by a minimum increase of 30%	N/A	N/A	30%
Clients will demonstrate the use of tools to manage their finances and the key elements of employment by a minimum increase of 30%	N/A	N/A	30%
<i>FY 2015-16 Some measures were deleted and new ones were added</i>			

4. Vocational Rehabilitation Services – Paid employment is considered one of the most important goals to many behavioral health clients. Vocational training has long been shown to build self-esteem, increase treatment compliance and reduce symptoms. The table below displays the number of clients surveyed as indicated next to the percentage value for the Vocational Rehabilitation Services Program. “Attendance Units” is defined as any portion of one day attended by a client.

Vocational Rehabilitation Services			
Year	2013-14 Actual	2014-15 Estimate	2015-16 Budgeted
Cost	\$ 214,804	\$ 214,804	\$ 215,426
Number of individuals served during contract year	76	66	60
Attendance Units	2,538	2,625	2,639
Percent of consumers surveyed that agreed they learned work skills that helped them towards further employment	89% (20/22)	86% (18/21)	N/A
Percent of consumers that moved into a more independent work setting within the community	16% (12/76)	18% (12/66)	20%
Clients will demonstrate understanding of the tools needed to move forward in attaining their employment goals by a minimum increase of 30%	N/A	N/A	30%
<i>FY 2015-16 Some measures were deleted and new ones were added</i>			

5. Social Rehabilitation Services – The table below displays the number of clients surveyed as indicated next to the percentage value for the Social Rehabilitation Services Program. Additionally, some performance measures were changed in FY 2015-16 in an effort to collect more meaningful data. This includes measuring client self-reports of improved social functioning, symptom management, and crisis reduction. Measures like these help County staff evaluate broad program offerings, like that of the Wellness Center, to ensure quality, cost effectiveness, and community access. “Service Minutes” is defined as the number of Medi-Cal billable services entered in to the County’s Behavioral Health Electronic Health Record, as previously noted above.

Social Rehabilitation Services			
Year	2013-14 Actual	2014-15 Estimate	2015-16 Budgeted
Cost	\$ 479,994	\$ 415,473	\$ 427,518
Service Minutes	80,528	72,352	80,000
Number of unduplicated Behavioral Health Clients Served	131	126	115
Number of unduplicated non-County Behavioral Health Clients Served	193	201	100
Number of recovery-oriented activities at the Wellness Center (added in FY 14-15)	N/A	1,670	1,500
Percent of consumers surveyed that agreed the services helped them to better deal with crisis situations	97% (58/60)	89% (71/80)	N/A
Percent of consumers surveyed that agreed the services helped them to deal more effectively with their daily problems	98% (59/60)	92% (80/87)	N/A
Percent of consumers surveyed that agreed the services helped them to manage their mental health symptoms better	84% (50/60)	85% (69/81)	N/A
Percent of consumers surveyed that agreed the overall quality of their life has improved due to the services they received	100% (60/60)	98% (80/82)	N/A
Clients will demonstrate community participation through learned activities, such as enhanced self-sufficiency, life skill training, and medication education among others by a minimum increase of 30%	N/A	N/A	30%
Clients will use learned coping skills to help them better manage their mental health symptoms by a minimum increase of 30%	N/A	N/A	30%
<i>FY 2015-16 Some measures were deleted and new ones were added</i>			

6. Youth Treatment Program - Youth residential care is often intense and expensive. Reunification with family or other stable living situations is a key objective, as is the maintenance of, or reduction in, level of care. The number of clients surveyed is indicated next to the percent in the table below. "Residential Day", also known as a bed/day, is defined as the number of days someone occupied a bed at the facility.

Youth Treatment Program			
Year	2013-14 Actual	2014-15 Estimate	2015-16 Budgeted
Cost	\$ 90,259	\$ 90,259	\$ 114,722
Clients Served	19	22	9
Residential Day (bed/day)	2,563	2,713	2,957
Average occupancy rate	78%	83%	90%
Percent of clients maintained at or below the Youth Treatment Program Residential Care Level	74% (14/19)	73% (16/22)	80%
Percent of clients that reunited with their family member, permanent adult guardian or independent living setting after a consecutive 60 day program orientation	27% (3/11)	44% (4/9)	60%

7. Medi-Cal Outreach & Enrollment (Grant Funded) – The Medi-Cal Outreach & Enrollment Program is in the second year of the grant period. As shown below, TMHA enrolled 36 clients into Medi-Cal during FY 2014-15. The number enrolled was lower than anticipated due to a high number of agencies that were enrolling eligible individuals. During FY 2015-16, TMHA will re-enroll 100 individuals into Medi-Cal, with at least 27 of them from the initial 36 who were enrolled.

Medi-Cal Outreach & Enrollment Services		
Year	2014-15 Estimate	2015-16 Budgeted
Cost	\$ 28,175	\$ 29,000
Number of unduplicated clients enrolled in Medi-Cal	36	N/A
Number of presentations	175	N/A
Percent of clients that enrolled in Medi-Cal	6% (36/638)	N/A
Number of clients re-enrolled in Medi-Cal (FY 2015-16 only)	N/A	100
Percent of clients who were enrolled by TMHA in FY 2014-15 that will be re-enrolled in FY 2015-16	N/A	75% (27/36)
<i>Grant funds awarded for FY 2014-15 and FY 2015-16</i>		

8. Projects for Assistance in Transition for Homelessness (Grant Funded) – The Projects for Assistance for Homelessness Program (PATH) measures the number of unduplicated clients that will be assisted in retaining services that will help them deal with drug and alcohol, as well as outreach services that provides assistance to veterans. As noted in the table below, some of the FY 2014-15 data captured will be used as baseline data for FY 2015-16 outcomes.

PATH Grant		
Year	2014-15 Estimate	2015-16 Budgeted
Cost	\$ 18,392	\$ 48,491
Number of unduplicated clients Contacted	72	75
Number of unduplicated clients Enrolled	17	25
Percent of clients referred to mental health services that retained those services three months past their initial intake	77% (10/13)	80%
Percent of clients referred to drug and alcohol services that retained those services three months past their initial intake	11% (1/9)	80%
Veterans receiving PATH outreach services (FY 14-15 used as baseline for last two measures)	4 of 30	N/A
Veterans receiving housing placement assistance (FY 14-15 used as baseline for last two measures)	4 of 30	N/A
Percent increase of Veterans receiving PATH outreach services compared to prior fiscal year (FY 14-15 was the first year)	N/A	50% (6)
Percent increase of Veterans receiving housing placement assistance compared to prior fiscal year (FY 14-15 was the first year)	N/A	50% (6)
<i>FY 2015-16 New measures added</i>		

9. Client and Family Partners – The table below displays the number of clients surveyed as indicated next to the percentage value for the Client and Family Partners Program. All of the performance outcomes prior to FY 2015-16 have been removed and replaced with new outcomes. As previously noted, the Department is working towards collecting more meaning data and outcomes in the new contract year. “Unique family members served” is defined as one or more persons within a family unit acting in significant support role to adult with mental illness. “Clients contacted” is defined as a telephone or face-to-face conversation or meeting.

Client and Family Partners			
Year	2013-14 Actual	2014-15 Estimate	2015-16 Budgeted
Cost	\$ 273,826	\$ 299,326	\$ 315,494
Number of clients contacted	2,966	3,673	4,000
Unique family members served	670	1,021	900
Percent of family members surveyed who agreed that the services provided improved their family's access to available services	99% (98/99)	86% (64/74)	N/A
Percent of family members surveyed who agreed that the Client and Family Partner was supportive and informative	100% (103/103)	96% (71/74)	N/A
Percent of family members surveyed who agreed that the quality of life for their family has improved as a direct result of the services received from the Client and Family Partner	95% (89/94)	82% (61/74)	N/A
Percent of family members who reported a prompt response from the Client and Family Partner	99% (102/103)	88% (65/74)	N/A
Percent of family members surveyed who agreed that the information and referrals provided by the Client and Family Partner were effective and helpful	92% (88/96)	84% (62/74)	N/A
Family members will demonstrate familiarity of services available in our community, such as education, information and referral, and community outreach among others by a minimum increase of 30%	N/A	N/A	30%
Family members will demonstrate engagement with services available in the community in order to support and assist their loved one with mental illness or emotional disturbance by a minimum increase of 30%	N/A	N/A	30%
Family members will report lower levels of anxiety and/or stress due to outreach, program availability, and orientation among others by a minimum increase of 30%	N/A	N/A	30%
Family members will demonstrate knowledge of the conditions and factors associated with their loved one's mental illness by a minimum increase of 30%	N/A	N/A	30%
<i>FY 2015-16 Some measures were deleted and new ones were added</i>			

10. Family Education Program – The Family Education Program measures whether family members' attendance to course instruction will help them gain a better understanding of how to support their loved one with a mental illness, thereby reducing the stigma. The number of clients surveyed is indicated next to the percent in the table below.

Family Education Program			
Year	2013-14 Actual	2014-15 Estimate	2015-16 Budgeted
Cost	\$ 15,700	\$ 15,700	\$ 15,750
Total number of unduplicated attendees for all sessions	82	145	130
Number of sessions held	8	11	8
Percent of participants surveyed who agreed that the course content met or exceeded their expectations	100% (76/76)	100% (40/40)	N/A
Percent of participants surveyed who reported feeling more comfortable and confident in dealing with their family member who has a mental illness as a result of taking the class	100% (76/76)	100% (40/40)	N/A
Family members will demonstrate familiarity with services available, such as family education program, in our community by a minimum increase of 30%	N/A	N/A	30%
Family members will report lower levels of anxiety and/or stress due to outreach, program availability, and orientation among others by a minimum increase of 30%	N/A	N/A	30%
Family members will demonstrate knowledge of the conditions and factors associated with their loved one's mental illness by a minimum increase of 30%	N/A	N/A	30%
<i>FY 2015-16 Some measures were deleted and new ones were added</i>			

11. Peer Support and Education Program – The Peer Support and Education Program provides training to consumers' and community members' in Mental Health First Aid which helps people identify, understand, and respond to signs of mental illnesses, substance use disorders, and suicidal ideation. The number of clients surveyed is indicated next to the percent in the table below.

Peer Support and Education Program			
Year	2013-14 Actual	2014-15 Estimate	2015-16 Budgeted
Cost	\$ 30,000	\$ 30,000	\$ 30,000
Total number of unduplicated attendees for all sessions	90	95	85
Number of session held	9	8	8
NAMI <i>Peer to Peer</i> or WRAP participants surveyed will report a XX%* increase in their knowledge of the tools and resources available for improving their mental health	34% (58)	25% (30)	20%
NAMI <i>Peer to Peer</i> or WRAP participants surveyed will report a XX%* report an increase in their involvement with their mental health recovery	41% (58)	17% (30)	20%
Mental Health First Aid participants will report a XX%* increase in understanding of suicide assessment	72% (32)	63% (35)	75%
*XX% - The minimum required percent can change from year to year based program evaluation at the end of			

12. Vocational Training and Supported Employment – The number of clients surveyed is indicated next to the percentages. “Client Class Days” means number of days a client attended the employment program.

Vocational Training and Supported Employment Program			
Year	2013-14 Actual	2014-15 Estimate	2015-16 Budgeted
Cost	\$ 197,703	\$ 197,703	\$ 203,472
Number of employment placements	52	55	50
Number of unique clients served	167	157	210
Client Class Days	236	190	175
Percent of mental health clients surveyed who agreed they are learning skills that will help towards gaining and/or maintaining employment	96% (21/22)	93% (27/29)	N/A
Percent of mental health clients who gained employment as a result of their participation in the program	31% (52/167)	32% (55/172)	24% (50)
Percent of clients who gained employment and maintained employment for at least 90 days	23% (38/167)	40% (22/55)	40% (20)
Clients will demonstrate the use of learned practices, as well as the understanding of conditions and requirements in order to obtain and maintain employment by a minimum increase of 30%	N/A	N/A	30%
FY 2015-16 Some measures were deleted and new ones were added			

13. Growing Grounds Retail Vocational Program – The table below displays the number of clients surveyed as indicated next to the percentage value for the Growing Retail Vocational Program. “Attendance units” is defined as the number of days a client attended the program.

Growing Grounds Retail Vocational Training			
Year	2013-14 Actual	2014-15 Estimate	2015-16 Budgeted
Cost	\$ 55,000	\$ 55,000	\$ 57,033
Number of individuals served during contract year.	18	20	20
Attendance Units	255	244	200
Percent of mental health consumers surveyed who agreed they are learning skills that help towards gaining and/or maintaining employment	100% (4/4)	88% (7/8)	N/A
Percent of mental health consumers served who went into job development (e.g., identification of potential job opportunities, contact of potential employers, completing job applications and participating in job interviews)	N/A	50% (10/20)	40%
Percent of mental health consumers who went into job development and gained employment after going through the program	11% (1/9)	60% (6/10)	30%
Clients will demonstrate the use of learned practices, as well as the understanding of conditions and requirements in order to obtain and maintain employment by a minimum increase of 30%	N/A	N/A	30%
<i>FY 2015-16 Some measures were deleted and new ones were added</i>			

14. North County Wellness Center – The table below displays the number of clients surveyed as indicated next to the percentage value for the North County Wellness Center Program. “Service Minutes” is defined as the number of Medi-Cal billable services entered in to the County’s Behavioral Health Electronic Health Record. “Contacts” is defined as telephone or face-to-face conversations or meetings with clients.

Wellness Center			
Year	2013-14 Actual	2014-15 Estimate	2015-16 Budgeted
Cost	\$ 171,450	\$ 163,450	\$ 175,486
Service Minutes	14,710	14,001	14,000
Contacts	1,583	2,072	1,200
Unduplicated clients served	207	208	175
Number of recovery-oriented activities at the Wellness Center*	N/A	1,015	750
Percent of consumers surveyed that agreed the services helped them to better deal with crisis situations	95% (19/20)	95% (19/20)	N/A
Percent of consumers surveyed that agreed the services helped them to deal more effectively with their daily problems	95% (19/20)	95% (19/20)	N/A
Percent of consumers surveyed that agreed the services helped them to do better in social situations	85% (17/20)	89% (17/19)	N/A
Percent of consumers surveyed that agreed the services helped them to manage their mental health symptoms better	95% (19/20)	89% (17/19)	N/A
Percent of consumers surveyed that agreed the overall quality of their life has improved due to the services they received	85% (17/20)	94% (17/18)	N/A
Clients will demonstrate community participation through learned activities, such as enhanced self-sufficiency, life skill training, and medication education among others by a minimum increase of 30%	N/A	N/A	30%
Clients will use learned coping skills to help them better manage their mental health symptoms by a minimum increase of 30%	N/A	N/A	30%
<i>FY 2015-16 Some measures were deleted and new ones were added</i>			

15. San Luis Obispo Hotline Services – The table below displays the number of clients surveyed as indicated next to the percentage value for the San Luis Obispo Hotline Services Program. A survey is mailed to consumers who provided an address within two weeks of the service. “Number of calls received” is defined as one received and documented telephone call from SLO County residents requesting support, information, referral or crisis intervention.

SLO Hotline - Suicide Prevention and Crisis Intervention			
Year	2013-14 Actual	2014-15 Estimate	2015-16 Budgeted
Cost	\$ 105,000	\$ 111,000	\$ 110,785
Number of calls received	5,725	8,468	6,000
Number of suicide prevention trainings	4	4	4
Percent of callers surveyed that agreed that support and early intervention that they received from SLO Hotline contributed to improved mental wellness	94% (31/33)	100% (23/23)	90%
Percent of callers surveyed that agreed that they would use SLO Hotline again in the future, if needed, or refer someone else to Hotline	100% (33/33)	100% (23/23)	90%
Percent of callers surveyed agreed that they received an increased knowledge of local mental health resources	97% (32/33)	100% (23/23)	90%
People calling with high or imminent suicidal risk will decrease their level of intent by 20%, based on self-rated assessments at the beginning and end of the call.	N/A	N/A	20%
Community members attending a suicide intervention training will show a 30% increase in their confidence that they can help a person at-risk of suicide.	N/A	N/A	30%
<i>FY 2015-16 New measures added</i>			

16. Behavioral Health Treatment Court –The number of clients surveyed is indicated next to the percent in the table below. “Service Minutes” is defined as the number of Medi-Cal billable services entered in to the County’s Behavioral Health Electronic Health Record.

Behavioral Health Treatment Court Team (BHTC)			
Year	2013-14 Actual	2014-15 Estimate	2015-16 Budgeted
Cost	\$ 78,092	\$ 79,292	\$ 82,603
Number of clients served	18	29	30
Service Minutes	21,112	42,595	35,000
Percent of clients surveyed who agreed that the overall quality of their life has improved due to their involvement in the program	100% (19/19)	95% (18/19)	N/A
Percent of clients surveyed who reported that their involvement with the program has helped them in dealing more effectively with daily problems	100% (19/19)	95% (19/20)	N/A
Clients will report the use of learned applicable interpersonal skills, such as verbal communication, listening skills, problem solving, and decision making skills among others, to deal with stress-related triggers by a minimum increase of 30%	N/A	N/A	30%
Clients will demonstrate community participation through learned activities, such as enhanced self-sufficiency, life skill training, and medication management among others by a minimum increase of 30%	N/A	N/A	30%
Clients will use learned coping skills to help them better manage their mental health symptoms by a minimum increase of 30%	N/A	N/A	30%
Clients will report the use of learned restorative skills, such as recognition of harm done to self and others, accountability for past criminal activities, and engagement in reparation, by a minimum increase of 30%.	N/A	N/A	30%
<i>FY 2015-16 Some measures were deleted and new ones were added</i>			

17. Forensic Re-entry Service (FRS) – To improve program outcomes and respond to emerging needs within this target population, the Department has worked with TMHA during FY 2014-15 to develop new measurements for this program. The number of clients surveyed is indicated next to the percent in the table below.

Forensic Re-entry Service			
Year	2013-14 Actual	2014-15 Estimate	2015-16 Budgeted
Cost	\$ 80,487	\$ 102,987	\$ 152,925
Number of clients served	55	81	150
Percent of clients surveyed who agreed that the overall quality of their life has improved due to their involvement in the program	No clients surveyed	100% (3/3)	N/A
Percent of clients surveyed who reported that their involvement with the program has helped them in dealing more effectively with daily problems	No clients surveyed	100% (4/4)	N/A
Clients will demonstrate community participation through learned activities, such as enhanced self-sufficiency, life skill training, and medication management among others by a minimum increase of 30%	N/A	N/A	30%
Clients will report the use of learned applicable interpersonal skills, such as verbal communication, listening skills, problem solving, and decision making skills among others, to deal with stress-related triggers by a minimum increase of 30%	N/A	N/A	30%
80% of those referred to Behavioral Health services will retain those services three months past initial intake	N/A	N/A	80%
Clients will maintain an annual recidivism rate of less than 5% (re-incarcerated)	N/A	N/A	5%
<i>FY 2015-16 Some measures were deleted and new ones were added</i>			

18. Adult Full Service Partnership (AFSP) – As noted in the Discussion section, TMHA will provide the therapy and support services for client in this program. The increase in numbers and percentages from FY 2014-15 and FY 2015-16 is a result of that change.

The number of clients surveyed is indicated next to the percent in the table below. “Service Minutes” is defined as the number of Medi-Cal billable services entered in to the County’s Behavioral Health Electronic Health Record. “Unduplicated clients served” is defined as the number of clients enrolled in the program. “Unduplicated client contacts” is defined as the number of times a client receives peer support and/or driver services.

Adult Full Service Partnership (FSP)			
Year	2013-14 Actual	2014-15 Estimate	2015-16 Budgeted
Cost	\$ 324,444	\$ 329,444	\$ 591,534
Number of unduplicated clients served	27	29	35
Service Minutes	74,407	64,496	100,000
Unduplicated Client contacts	2,531	1,253	2,000
Percent of FSP clients surveyed who agreed that the overall quality of their life has improved due to their involvement in the program	95% (23/24)	93% (26/28)	N/A
Percent of FSP clients surveyed who reported that their involvement with the FSP program has helped them in dealing more effectively with daily problems	95% (23/24)	90% (27/30)	N/A
Clients will demonstrate the use of skills learned from therapeutic interventions in order to deal better with stress-related triggers by a minimum increase of 30%	N/A	N/A	30%
Clients will demonstrate community participation through learned activities, such as enhanced self-sufficiency, life skill training, and medication education among others by a minimum increase of 30%	N/A	N/A	30%
Clients will use learned coping skills to help them better manage their mental health symptoms by a minimum increase of 30%	N/A	N/A	30%
Percentage of reduction in homelessness	N/A	N/A	35%
Percentage of reduction in incarcerations	N/A	N/A	85%
Percentage of reduction in psychiatric health facility days	N/A	N/A	70%
Percentage of reduction in emergency room visits	N/A	N/A	70%
Clients in educational, or paid and unpaid employment opportunities will increase by 33%	N/A	N/A	33%
<i>FY 2015-16 Some measures were deleted and new ones were added</i>			

19. Older Adult Full Service Partnership – As noted above in the Discussion section, beginning in FY 2015-16, this program will be run by Wilshire Community Services.

The number of clients surveyed is indicated next to the percent in the table below. “Service Minutes” is defined as

the number of Medi-Cal billable services entered in to the County's Behavioral Health Electronic Health Record. "Number clients served" is defined as the number of clients enrolled in the program.

Older Adult Full Service Partnership (FSP)		
Year	2013-14 Actual	2014-15 Estimate
Cost	\$ 70,401	\$ 76,401
Number of clients served	13	12
Services Minutes	21,600	32,828
Percent of FSP clients surveyed who agreed that the overall quality of their life has improved due to their involvement in the program	100% (6/6)	93% (14/15)
Percent of FSP clients surveyed who reported that their involvement with the FSP program has helped them in dealing more effectively with daily problems	100% (6/6)	100% (16/16)

20. Homeless Full Service Partnership – The Homeless Full Service Partnership is an integrated program that includes TMHA and Behavioral Health staff working as a team to assist the target population. Additional outputs and outcomes for the overall program are reported in the MHSA Annual Update. TMHA's outreach and engagement objective is to move clients identified with behavioral health needs to appropriate levels of care. A key outcome for the team is the percentage of engaged contacts that become open to Behavioral Health services. Additionally, the program tracks its housing placement rate, which further benefits the clients as well as meeting community objectives.

According to the 2013 SLO County Homeless Enumeration Report, there are approximately 2,400 homeless individuals living locally. Approximately 50% self-identify as having some level of mild - to - severe mental illness. In 2014-2015 the Team served 140 un-duplicated contacts. Over three years the Team has engaged 452 unique homeless individuals, or roughly 37% of those self-identifying as having some level of mental illness.

The number of clients engaged is indicated next to the percent in the table below. These "Unduplicated Contacts" are defined as unique one-to-one interface with underserved and difficult-to-reach homeless adults.

Homeless Full Service Partnership			
Year	2012-13 Actual	2014-15 Estimate	2015-16 Budgeted
Cost	\$ 201,515	\$ 269,515	\$ 269,515
Unduplicated Contacted/Engaged	157	140	150
Number of contacted/engaged clients that were referred to Behavioral Health for an assessment	35	30	50
Number of clients who were screened and opened to FSP intensive services	47% (20/42)	33% (10/30)	30
Percent of homeless persons engaged who accessed support services, such as substance abuse treatment, vocational training, emotional support, and benefits eligibility	100% (157/157)	100% (138/138)	90%
Percent of clients contacted/engaged that received housing placement during the contract year	25% (39/157)	25% (35/140)	67%
Clients will demonstrate community participation through learned activities, such as enhanced self-sufficiency, life skill training, and medication management among others by a minimum increase of 30%	N/A	N/A	30%
Clients in educational, or paid and unpaid employment opportunities will increase by 33 %	N/A	N/A	30%
<i>FY 2015-16 Some measures were deleted and new ones were added</i>			

21. Adult Full Service Partnership (FSP) Intensive Residential Housing – The table below displays the number of clients surveyed as indicated next to the percentage value for the Adult Full Service Partnership Intensive Residential Housing Program. "Number of bed/days" is defined as the number of days someone occupied a bed at the facility.

Adult FSP Intensive Residential Housing			
Year	2013-14 Actual	2014-15 Estimate	2015-16 Budgeted
Cost	\$ 334,689	\$ 334,689	\$ 337,364
Number of bed/days	11,711	13,856	9,636
Percent of clients that retained community residential housing	93% (38/41)	100% (38/38)	90%
Average occupancy rate	97%	93%	80%
Clients will demonstrate the use of Adult Daily Living (ADL) skills for independent living and development of community support systems by a minimum increase of 30%	N/A	N/A	30%
Clients will demonstrate the use of tools to manage their finances and the key elements of employment by a minimum increase of 30%	N/A	N/A	30%
Compared to prior year, homelessness will reduce by 10% with new admission into the program	N/A	N/A	10%
<i>FY 2015-16 New measures added</i>			

22. Adult Full Service Partnership (AFSP) Intensive Residential Case Management Services – The table below displays the number of clients surveyed as indicated next to the percentage value for the Adult Full Service Partnership Intensive Residential Case Management Services Program. “Service Minutes” is defined as the number of Medi-Cal billable services entered in to the County’s Behavioral Health Electronic Health Record.

Adult FSP Intensive Residential Case Management			
Year	2013-14 Actual	2014-15 Estimate	2015-16 Budgeted
Cost	\$ 153,538	\$ 173,538	\$ 178,042
Service minutes	107,205	85,087	\$ 100,000
Percent of consumers surveyed that reported improved functioning with their daily problems	94% (17/18)	94% (34/36)	N/A
Percent of consumers surveyed that reported they can better deal with a crisis	87% (16/18)	91% (32/35)	N/A
Clients will demonstrate community participation through learned activities, such as enhanced self-sufficiency, life skill training, and medication management among others by a minimum increase of 30%	N/A	N/A	30%
Clients will use learned coping skills to help them better manage their mental health symptoms by a minimum increase of 30%	N/A	N/A	30%
Clients will report the use of learned applicable interpersonal skills, such as verbal communication, listening skills, problem solving, and decision making skills among others, to deal with stress-related triggers by a minimum increase of 30%	N/A	N/A	30%
<i>FY 2015-16 Some measures were deleted and new ones were added</i>			

23. Service Enhancement Program – The number of participants served in FY 14-15 was lower than in the prior year as a result of the project ending under the Innovation component in December. As noted under the Discussion section, the MHSA stakeholder group approved sustaining the program under the Community Services and Supports (CSS) component. Additional outcomes were also added during FY 2015-16 as a result of this change and will now be reported under CSS.

A full evaluation was completed on all Innovation projects. The report contains additional outcomes for each project and can be located here: [MHSA Innovation Evaluation](#).

Service Enhancement Program			
Year	2013-14 Actual	2014-15 Estimate	2015-16 Budgeted
Cost	\$ 36,000	\$ 31,000	\$ 65,000
Number of participants served	125	45	300
Percent of family members and consumers surveyed agreed that they received increased connection to wellness and recovery based services outside of the clinic	100%	100%	90%
Percent of family members and consumers surveyed reported increased self-advocacy and empowerment as a result of services provided and engagement in other programs	100%	100%	90%
Percent of family members and consumers surveyed agreed that the program staff helped create a Wellness and Recovery based environment	100%	100%	90%
Consumers engaged by support staff will demonstrate improved attendance to mental health appointments by a minimum of 10% compared to clients not engaged in program.	N/A	N/A	10%

24. Peer Advisory and Advocacy Team – The table below displays the number of clients surveyed as indicated next to the percentage value for the Peer Advisory and Advocacy Team Program.

Peer Advisory and Advocacy Team			
Year	2013-14 Actual	2014-15 Estimate	2015-16 Budgeted
Cost	\$ 25,000	\$ 25,000	\$ 25,000
Number of attendees for outreach	1,000	610	685
Number of meetings held during the year	24	24	24
Number of new PAAT members	24	25	20
Percent of participants surveyed agreed the PAAT team has made a significant positive impact on the mental health system	100% (14/14)	94% (16/17)	N/A
Percent of participants surveyed reported that they are more aware of mental health stigma and the tools necessary to eliminate it	97% (86/89)	94% (32/34)	N/A
Percent of members that worked within the Behavioral Health system (paid employment, peer presentation stipends, peer education stipends, etc.)	66% (19/29)	79% (19/24)	60%
PAAT team members surveyed will report a 20% decrease in signs of discrimination and/or stigma within the mental health system.	N/A	N/A	20%
Forum audience participants will report a 30% increase in their awareness of the discrimination experienced by people with mental illness.	N/A	N/A	30%
<i>FY 2015-16 Some measures were deleted and new ones were added</i>			

25. Social Marketing Strategy for Community Outreach and Engagement - The number of clients surveyed is indicated next to the percent in the table below.

Social Marketing Strategy - Community Outreach & Engagement			
Year	2013-14 Actual	2014-15 Estimate	2015-16 Budgeted
Cost	\$ 102,744	\$ 102,744	\$ 102,744
Number of <i>In Our Own Voice</i> presentations	N/A	8	10
Number of attendees for <i>In Our Own Voice</i> presentation	182	149	200
Number of presentations	16	31	20
Number of professional education trainings	12	7	5
Participants will demonstrate a 30% increase in their understanding of challenges those who live with mental illness face.	18%	18% (848)	30%
Participants will demonstrate a 30% increase in their understanding of the concepts of wellness and recovery.	20%	19% (848)	30%
Participants will demonstrate a 30% increase in empathy and decreased stigma and discrimination toward individuals living with mental health challenges.	12%	12% (848)	30%
Professional education training participants will demonstrate a 30% increase in their knowledge of stigmatizing and discriminating attitudes and beliefs.	13%	13% (151)	30%

26. Integrated Community Wellness Advocates - The number of clients surveyed is indicated next to the percent in the table below.

Integrated Comm Wellness Advocates			
Year	2013-14 Actual	2014-15 Estimate	2015-16 Budgeted
Cost	\$ 180,000	\$ 180,000	\$ 180,000
Number of participants per year	953	780	700
Number of contacts per year	2,905	2,435	2,000
Clients will demonstrate a 30% increase in knowledge of and ability to access community based resources based upon self-report surveys.	37% (38)	72% (56)	30%
Clients receiving intensive services will show a 30% increase in progress measured in the area of individual client focus: (i.e., housing, support, employment, legal, relationships, etc.) based upon self-report surveys, and Advocate assessment tools.	54% (26)	48% (31)	30%
Mental Health Advocate Clients will demonstrate a 30% increase in improved self-efficacy and improved life skills based upon self-report surveys.	56% (9)	68% (33)	30%
Clients who receive Advocacy support have a 30% increase in improved mood and reduced anxiety.	64% (33)	65% (56)	30%
XX% - The minimum required percent can change from year to year based on program evaluation at the end of the contract			

27. System Empowerment for Consumers, Families, and Providers – As noted under the Discussion section, this Innovation project ended at the end of FY 2014-15. A full evaluation was completed on all Innovation projects. The report contains additional outcomes for each project and can be located here: [MHSA Innovation Evaluation](#).

System Empowerment for Consumers, Families, and Providers		
Year	2013-14 Actual	2014-15 Estimate
Cost	\$ 40,000	\$ 2,500
Number of participants served	200	143
Number of trainings/presentations	10	3
Training tool developed for clients	N/A	1

ATTACHMENTS

- Attachment 1 - Transitions Mental Health Assoc. FY 2015-16 Renewal Contract
- Attachment 2 - Resolution for Position Allocation List Amendment